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22783 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	ETH1690CIP2									
(only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor	Howard Scalzo									
		Title	PACKAGED ANTIMICROBIAL MEDICAL DEVICE AND METHOD OF PREPARING SAME									
		Express Mail Label No.	EV 312162729 US									
APPLICATION ELEMENTS <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 43] <i>(Preferred arrangement set forth below)</i></p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 5]</p> <p>5. Oath or Declaration [Total Pages 3]</p> <p>a. <input checked="" type="checkbox"/> Unexecuted (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other</p>										
<p>18. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: 10/367,497, filed 02/15/2003, and No. 10/603,317, filed 06/25/2003. Prior application information: Examiner: Not Assigned Group Art Unit: 3731. For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>												
<p>19. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq.</p> <p>Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA</p>												
<p>20. TELEPHONE CONTACT</p> <p>Please direct all telephone calls or telefaxes to Blossom E. Loo at:</p> <p>Telephone: (732) 524-1596 Fax: (732) 524-2808</p>												
<p>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p> <table border="1"><tr><td>NAME</td><td>Blossom E. Loo</td><td>Reg. No. 36858</td></tr><tr><td>SIGNATURE</td><td colspan="2"><i>Blossom E Loo</i></td></tr><tr><td>DATE</td><td colspan="2">March 25, 2004</td></tr></table>				NAME	Blossom E. Loo	Reg. No. 36858	SIGNATURE	<i>Blossom E Loo</i>		DATE	March 25, 2004	
NAME	Blossom E. Loo	Reg. No. 36858										
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FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	First Named Inventor	Howard Scalzo
	Group Art Unit	
	Examiner Name	
Attorney Docket Number		ETH1690CIP2

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	4 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	4 - 3 =	1	x 86.00	\$ 84.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$290.00	
			TOTAL FEES	\$ 854.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/ETH1690CIP2/BEL in the amount of \$854.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ETH1690CIP2/BEL. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Blossom E. Loo	Reg. No. 36,858
Signature	<i>Blossom E Loo</i>	Date: 03/25/2004
		Deposit Account No. 10-0750

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Howard Scalzo, et al.

For : PACKAGED ANTIMICROBIAL MEDICAL DEVICE AND METHOD OF
PREPARING SAME

Express Mail Certificate


"Express Mail" mailing number: EV 312162729 US

Date of Deposit: March 25, 2004

I hereby certify that this complete application, including specification pages, claims, and drawings, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Laurie Phillips
(Typed or printed name of person mailing paper or fee)


(Signature of person mailing paper or fee)